Implementing Substance Abuse and Early Intervention
Programs in Corporate America

Jeffery N. Thompson, M.D.
Corporate Medical Director
Weyerhaeuser Company

I'm the Medical Director at Weyerhaeuser, and I also hold an academic position at the University of Washington.

Throughout the early 1970's I was a medical technologist in the United States Navy, where we actually performed drug testing. Afterwords I went on to become a physician, and I still maintain an interest in drug testing.

It is no small challenge to run a substance abuse program when you have 160 locations and 132,000 employees in several countries. Also, about a third of our population is in Canada, and for those of you that have not ventured into Canada with drug testing, it has its own unique experiences.

A business approach to substance abuse seeks to achieve a balance between treatment and retention. Businesses need to make decisions quickly, and move on to the next issue. Substance abuse is just one of many problems that business managers deal with, so it is very important to provide them with accurate data in a timely manner. I very much agree with the need to be rigorous about how we analyze this data, and it is cost-effective to do the return-on-investment calculations from a public policy perspective.

There's a book that I would encourage you all to read, one that will just give you a little glimpse of what it is like to be an administrator. The book is called <u>The Gold</u>, and it's written by Goldweb. I highly recommend it because it provides a perspective of what a manager is up against on a day-to-day basis.

Now I would like to change the focus and talk a little bit about implementing early intervention and prevention programs in corporate America. I thought I would start out with a comment

made by Frederick the Great in 1777, which relates to the perception versus reality idea. Also, you will see that the comment has some applicability to Seattle:

> "It is disgusting to note the increase in the quantity of coffee use by my subjects. The amount of money that goes out of the country as a consequence: everybody is using coffee. This must be prevented. His majesty was brought on up on beer, and so were both his ancestors and his officers. Many battles have been fought and won by soldiers nourished on beer, and the king does not believe that coffee-drinking soldiers can be relied upon to endure the hardships of another war."

That quote was taken from a June 1998's *Scientific America* article that provides a very nice review of history of alcohol abuse in the Western culture. The article is brief, but very well written.

The point is that we've been dealing with drug and alcohol abuse for a long time - since the time the ancient pyramids were built. We've had thousands of years try to solve this problem. We've had our best economists working on it, and we have made some progress. But I don't believe that we can have a drug-free work place. I believe that we can manage the problem, but we've been going at this now for almost 4,000 years, and we still have a long way to go.

There are some realities and perceptions that I deal with on a routine basis when it comes to substance and alcohol abuse, and I want to start out with the reality. Drug testing is a proven technology, and if you look at the Gallup Poll results, they will tell you that 80 percent of employees, regardless of whether they are union or non-union workers, are in favor of drug testing in the . They believe it is needed. So we're dealing with the perceptions of only 20% of the population, and those people are not kicking and dragging their feet; usually you can convince them. But you have to use the technology correctly.

We know that people use drugs in the work place. I wish we had better statistics on it, because it is really very difficult for me to sell these programs in terms of "we tested this", when you can't

really quote good numbers. And we've heard it here - five fold, six fold, ten fold - what are the real numbers? I can't tell you because there really aren't any good studies that I can rely on.

People sell drugs at work, and that's a reality that we have to face. It's probably not as prevalent as some people would like us to believe, but it does happen. And when a manager finds out that methylene is being sold in his area, it generates nothing but issues. Perhaps the issues aren't so great from the standpoint of the business, but they are obviously big for that manager.

There are costs to the businesses when people use drugs in the work place. But again, it's really tough to find good statistics. What's the accident rate? What percentage of health care is related to substance abuse? There just aren't good numbers that we can pin our hats to and be proactive with.

But the good news is that when you look at the long-term data, there has been a precipitous drop in drug and alcohol use. Unfortunately, though, these numbers don't always hold true for businesses.

What we really need to do is we need to manage this much, much better, if we want to get even close to a drug-free workplace. And honestly, I don't even know what a the term "drug-free workplace" means. Does that mean somebody can't use aspirin? If you look at mortality studies within the workplace, you find that workers are killed more often with prescription drugs or with over-the-counter drugs than with marijuana or cocaine.

So what do we mean by a drug-free work place? In my mind, a forklift operator on antihistamines is a lot more dangerous than a casual user of illicit drugs. It is well-known that antihistamines are a commonly used and abused drug.

The 1996 American Management Report states that care for substance abuse has declined, but it also says that we've leveled off or are scaling back our educational programs for supervisors and in our EAP usage in corporate America. So as substance abuse decreases, we are cutting back on

the use of some of our best tools out there. This is a little bit disconcerting to me, because if that decline continues, that means maybe corporate America is abandoning at least some of the best tools that I think we have out there.

According to the American Management Report, two or three percent of businesses had abandoned drug testing by 1996, and that's a trend expected to continue. The report commented further that those businesses that had done cost effective analysis or return-on-investment analysis are the companies that have abandoned drug testing. This is something that we should know about and deal with.

I would like to put four arguments forth regarding how I think we can better manage substance abuse in the workplace. One thing that we've been pushing at Weyerhaeuser is a prevention model using a public health approach with primary, secondary, and tertiary interventions to limit severity. And it slowly but surely is gaining acceptance -- we see it now in businesses publications, so we're at least putting this model forth about how to deal with substance abuse and safety issues.

We need to focus on prevalency rates with our strategies. We need to understand what the cost of deterrence is. Intervention should be integrated with all the other systems that we have at Weyerhaeuser, and this is what we're pushing. It's an old model, but I think it's a proven model if we use it correctly.

So in the public health model, the primary intervention is prevention. Weyerhaeuser has a pre-hire screening for all of its employees, and since someone asked about its program earlier, I'll just tell you about it very quickly. If the pre-employment screen is positive, you are not hired by Weyerhaeuser. But, you can come back into the hiring pool within 12 months. We also try to educate all of our employees, but it's a monstrous job when you've got 160 locations and 132,000 people.

Right now we have 49 EAP contracts in Weyerhaeuser. How do you manage that? How do you educate all your EAPs? As Dr. Roman said earlier today, we have some concerns, because it is

rapidly changing out there. The EAPs are going to managed care, and we're noticing that they are less likely to be onsite, working with our managers and our employees. So we're really trying hard to educate our managers. But it's tough out there. How do you re-educate HR when they turn over so quickly?

Karen Sorenson and I visited a large manufacturer with 120,000 employees, and we were told that in the last five years, only five for-cause tests were run. Five in a 120,000 person work force! So educating our managers is really important.

We have certain locations that are doing random testing. And we have actually 10 questions that we ask our business managers to go through to decide whether they can put random testing into their program. We don't encourage a corporate-wide random testing program, because we don't think that we can say whether it is cost-effective or not. But we don't discourage it in places where managers feel that it is needed.

With secondary prevention, we try to intervene early. We have EAPs, we do formal and informal referrals, and we do have a policy that says that we will support employees who test positive. We do have an active return-to-work program, but again, with 160 locations, it is sometimes very difficult to make sure that it is applied correctly. But I can tell you that if you don't do it correctly, you will begin to see other expenses, like unemployment expenses. We've had to fight to not pay unemployment tax on people who have gone out with positive drug tests.

Our grant is for peer-support activities, which is kind of interesting. We thought we were bringing something new to Weyerhaeuser, but every time we go out to a new location, we find that somebody else has been doing this for five or ten years. We have one location up in Canada that has been doing this for almost a decade now -- and very successfully.

We do for-cause testing, although I'll tell you I'm not sure what for-cause testing is, when we get back to our data, because that could be random testing, it could be post-accident, and it could be for-cause. It's very difficult to sort that out, and we do educate our managers on how to do for-

cause testing. We recently put out a program with all the documentation about how to do "fit-for-duty," which is a whole another animal unto itself. It's difficult.

We do tertiary prevention, which is also called "limiting severity." We actively run "return to work" contracts and try to standardize that throughout the company. We have health benefits which provide for treatment. Somebody asked about how we segregate our mental health treatments from our physical health treatments, and what we've done limited the number of days covered. But we do cover it, and I think generously.

We do have sites that have on-site AA and Narcotics Anonymous, and that's something we'd like to push even more. We have active education programs, which are involve actually going out into the community. Some of them are peer-support activities, where we're going out and teaching in schools.

Finally, the last thing I want to talk about is tough decisions. We all want to help people. But this is a business environment, so sometimes we have to apply tough love. And I'll tell you, it has been my experience that when that job is on the line, that's probably the last chance that you can offer somebody to straighten up. I think it's a crime to let somebody go into treatment five or six times, and keep them in the work force. And so I think a little tough love applied in the right way is important - for both the employer and the employee.

If you think of this as a screening program, just like you would screen for cholesterol, we spend a lot of money. So businesses should really understand what the expense is, determine how much they are willing to spend on deterrence, and make an active statement about how much they are willing to go over.

Businesses should also look at the time-consuming aspects of it. For example, sometimes it takes as many as four days for a drug test to come back from our MRO. That's four days off for that employee.

Another issue is that we have to figure out what kind of impact testing has on our social structures, and Mr. Hill talked about that quite eloquently, I think. How can you tell somebody that you trust them to handle a billion dollar paper machine, and then say, "By the way, I want you to go pee in the bottle"? These are tough decisions.

To summarize, I think strategy should be prevalence driven. As a public health official at the University, it's always amazing to me that we have all this data, yet we still don't believe. Smith-Klein's Web site has some really nice data that highlights regional differences and some industrial differences. So maybe if you could roll up a lot of these other things, and put it into some type of equation, we might be able to predict what sites are having some problems. If we could really do a better job of tracking absenteeism, health benefits, EAP numbers, turnover, near-misses, these types of statistics can go a long way towards explaining where we might have sites that might have increasing prevalence. And I would really like to see some more work done on this.

And certainly, looking at substance abuse rates in the community is also important. The hiring pool is out there and your are drawing from this resource, so your community rates really predict what's going on inside your work force. At some locations, we're actually going out and talking to high school students, telling them about Weyerhaeuser's drug policy.

I have a story to illustrate what this type of proactive approach can accomplish. My predecessor, Orf Haroldson, was working on a PMR study, and he noticed an excess rate of motor vehicle accidents in one of our locations. And it turns out, there was a local watering hole nearby that everybody was going to. Since they shut the bar down, there haven't been any more vehicle accidents -- at least in the last decade.

And so these kind of measures can really help -- like looking at statistics with your local police department, to help identify sites that might need some interventions.

Lastly, I think we need to be talking with our safety professionals, our health benefits, our security people, our business. We all need to understand what the risks are and how to bring our services together; and especially, how to service. As a medical director, I'd like to think that I'm

looking after 32,000 people - but when it really comes down to it, my customer is the business. And I need to service that business and serve it well. So this program is in place to offer assurance that we are doing the best possible job to decrease our substance abuse rates in corporate America -- through education, community involvement, and improving access to resources.

And then we need to make the tough decisions, balancing treatment versus retention. It's a tender balance, but I think we've got to practice tough love in the workplace.